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FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: February 8, 2007

CLIENT-MATTER NO.: 21190-01000

TO:

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FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

NUMBER OF PAGES WITH COVER PAGE: 3

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MESSAGE:

Please file and docket the attached request.

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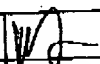
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
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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	Application Number	09/921,265	
	Filing Date	08-01-2001	
	First Named Inventor	Warwick Ford	
	Group Art Unit Number	2131	
	Examiner Name	Matthew T. Henning	
Total Number of Pages in This Submission	2	Attorney Docket Number	21190-05339

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:		Dated:	February 8, 2007
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:		Dated:	February 8, 2007
Typed or Printed Name:	Michael W. Farn, Reg. No. 41,015		
Facsimile Number:	(571) 273-8300		

21190/01000/DOCS/1696318.1

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/921,265
	Filing Date	08-01-2001
	First Named Inventor	Warwick Ford
	Group Art Unit	2131
	Examiner Name	Matthew T. Henning
	Attorney Docket Number	21190-05339

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

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City	Washington	State	DC	Zip	20005-1257
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Telephone	(202) 220-4250	Fax	(202) 220-4201		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☐ the attorneys/agents associated with Customer Number _____
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Fam, Reg. No. 41,015
Signature	
Date	February 8, 2007

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

21190/01000/DOCS/1696309.1